

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: F-108
L. S. Elevation: _____
E-log #: _____

County: Walthall
Permit #: _____
Driller: JAMES WELLS
Date drilling completed: 2-7-06

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Roy Torres Jr.</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>Box 308 Tyler, MS</u> <u>Hy 48 East</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>34</u> Twn <u>11E</u> Rng <u>2N</u> <u>2N</u> <u>11E</u>
Telephone No. <u>985 3697330</u>	Distance <u>4</u> Miles Direction <u>East</u> of Nearest Town <u>Tyler</u>
Well Data	
Purpose of Well (circle one) <u>Home</u> Industrial Public Supply Irrigation Fish Culture Other: _____	
Date well drilling started: <u>2-7-06</u> Date well drilling completed: <u>2-7-06</u>	
If flowing, method of flow regulation: Valve _____ Other (describe) _____	
Static Water Level: <u>60</u> feet above or <u>below</u> (circle one) land surface Date measured: <u>2-7-06</u>	
Method of Measurement (circle one) <u>steel taps</u> electric tape air line other: _____	
Hole depth: <u>130</u> Well depth: <u>130</u> Well grouted to a depth of <u>10</u> feet	
Type of grout (circle one): <u>Cement</u> Bentonite Mix	
Casing length: <u>110</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>PVC</u>	
Screen length: <u>20</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>PVC</u>	
Screen slot size: <u>008</u> inches Setting depth: From <u>110</u> feet to <u>130</u> feet	
Type of completion (circle all applicable): <u>Gravel-packed</u> Underreamed Telescoped Open hole Natural Development	
Other (describe): _____	
Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page	
Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____	
Name of organization running log(s): _____	
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.	
<u>JAMES WELLS</u> <u>0-586</u>	<u>James Wells</u>
Print Name of Water Well Contractor and License No.	Signature of Water Well Contractor

RECEIVED

MAR 09 2006

BY: OLWR

